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ABSTRACT

This paper briefly reviews the two assumptions involved in the use of a stress management approach with parents of the developmentally disabled, i.e., that many parents are subject to high stress and that stress interferes with the person's functioning. A discussion of possible stressors and possible effects of stress are outlined, e.g., health problems, increased stress levels, and interpersonal behavior problems. Models of the circular events-stress chain and inappropriate response patterns are presented in diagrammatic form to further illustrate the effects of stress. A stress management program is presented along with self-report data from the follow-up questionnaire filled out by the group participants and the actual survey instrument. (Author/JAC)

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Stress Management for Parents of Developmentally Disabled People

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Two basic assumptions are involved in the adoption of a stress management approach as one possible treatment (prevention) model for assisting the parents of developmentally disabled people. The first assumption is that the raising and caring for a developmentally disabled person creates stress or has a high potential for creating stress. Table 1 lists some of the basic situations which may lead to stress as a result of parenting the DD person. These are not all the eventual stressors but possible basic situation which may produce stress. In otherwards, fights between parents about the responsibilities for care (co-responsibility interactions) may produce significant marital problems or divorce which will be a stressor. Yet, the presence of the DD individual may have been a key factor as a beginning source of stress or as an additional source of stress for one or both parents.

Very little solid evidence is available on the relationship between stress and parenting a DD individual. Cummings, Bagley & Rie (1966), Tavermina, Boll, Dunn, Luscomb & Taylor (1981) and Waisbren (1980) all provide some support for the notion that raising a developmentally disabled child produces negative effects (stress) for the parents. Unfortunately, none of these studies provide unequivical evidence and are open to criticism and/or alternate interpretation. The parents who volunteer for my groups provide many examples of stress and stress reactions but this should not be interpreted to mean all or even a majority of parents experience the situation as stressful.

A number of variables such as constitutional predisposition (Sternbach, 1966), appraisal of stimulus (Cohen, 1980) and perceived control (Janis & Roden, 1980) appear to be related to the extent to which a stress reaction will occur.

The second assumption involved in the use of a stress management approach is that when parental stress occurs, the reactions to stress may interfere with the person's functioning and interpersonal interactions. A large literature suggests stress can effect health and interpersonal behavior (see Everly & Rosenfield, 1981; Levine and Ursin 1980; McGuigan, Sime and Wallace, 1980). Table 2 attempts to list the effects of stress which have been reported in my groups. Each person may have one or several of these reactions and the pattern varies across individuals.

One of the negative aspects of the stress reaction is that it often can produce a circular chain of events which increase the stress level. Models of the circular effects are shown in Figure 1 (a modification of Novaca's (1978) anger arousal model) and Figure 2. I use both of these diagrams to help explain stress effects in my groups.

The stress groups involve these components: relaxation, self-talk analysis and group support (see Abidin, 1975; Curtis & Detart, 1981; Navaco, 1978; Richndson, 1976; Steinmutz, Blankenship, Brown, Hall & Miller, 1980; Surwit (Note 2). They generally run eight sessions with the first session devoted to discussing stress, discussing what will occur in the group and encouraging the participants to discuss their stress and problems. Over the course of the next seven sessions training

in relaxation and real life application is one area of training. Usually in the third or fourth week, the discussion of feelings, thinking and self-talk is focused on and then brought up in each following sessions. The group is also given time to socialize (cake & coffee) as well as encouraged to listen and offer assistance-suggestions to each other.

A stress vs support group study was planned for May and June. Unfortunately scheduling with agencies prevented this and only the stress group was run. As in the past (see Table 3), only self report, consumer satisfaction type data was obtained as indicated in Table 4). The reports on the use of the skills taught and the view of the general value of the group suggest the groups are helpful to the parents. Further, something not noted in the self-report is an extremely high rate of increased involvement in the child's program reported by the school personnel. At the end of the first group several of parents continued to meet and formed new parent groups. At the end of the last group several of the parents began volunteering at the school and attending other types of parent training groups.

The lack of a control group of any type and the nature of the data (self-report) prevent any scientific conclusions about the value-effectiveness of the groups. But I do think the information available suggests the approach may be highly useful and should be included in studies on methods of assisting parents of DD individuals.

Table 1

CAUSES OF STRESS

CHILD PRODUCED STRESS

1. SLOW LEARNING
2. BEHAVIOR PROBLEMS
3. SPECIAL NEEDS

ADULT PRODUCED STRESS

1. INTERNAL CONFLICTS
2. RESPONSIBILITY OVERLOAD
3. CO-RESPONSIBILITY INTERACTIONS
4. PEER REACTIONS
5. TEACHER-PARENT, PARENT-SYSTEM MANAGERS

Modified from Peterson 1981 (Note 1).

Table 2

Possible Effects of Stress[1]

1. Parent

   A. Attitudes

      1. Negative attitude toward home-family life
      2. Negative attitude toward self
      3. Negative attitude toward child

   B. Behavior

      1. Increased negative self-talk, self blame, negative self label
      2. Reduced positive parent-child interactions
      3. Reduced positive parent interactions
      4. Increased inappropriate responding
      5. Increased avoidance of parent role

   C. Feelings

      1. Increased anger, frustration and anxiety
      2. Increased feelings of failure and lack of control
      3. Increased feelings of rejection

   D. Personal

      1. Reduced positive reinforcement
      2. Increased stress reactions; headaches, illness, personal problems
      3. Increased interference with social life

   E. Family Members: Less positive interaction

2. Child

   A. Reduced positive educational and emotional experiences
   B. Reduced predictability in environment
   C. Loss of support and reduced reward
   D. Increased interference with obtaining goals, i.e. frustration

   (A,B,C and D may result in child stress reactions, disruptive and problem behavior which then further impact on the parent, child and parent-child interaction.)

3. Impact on the System

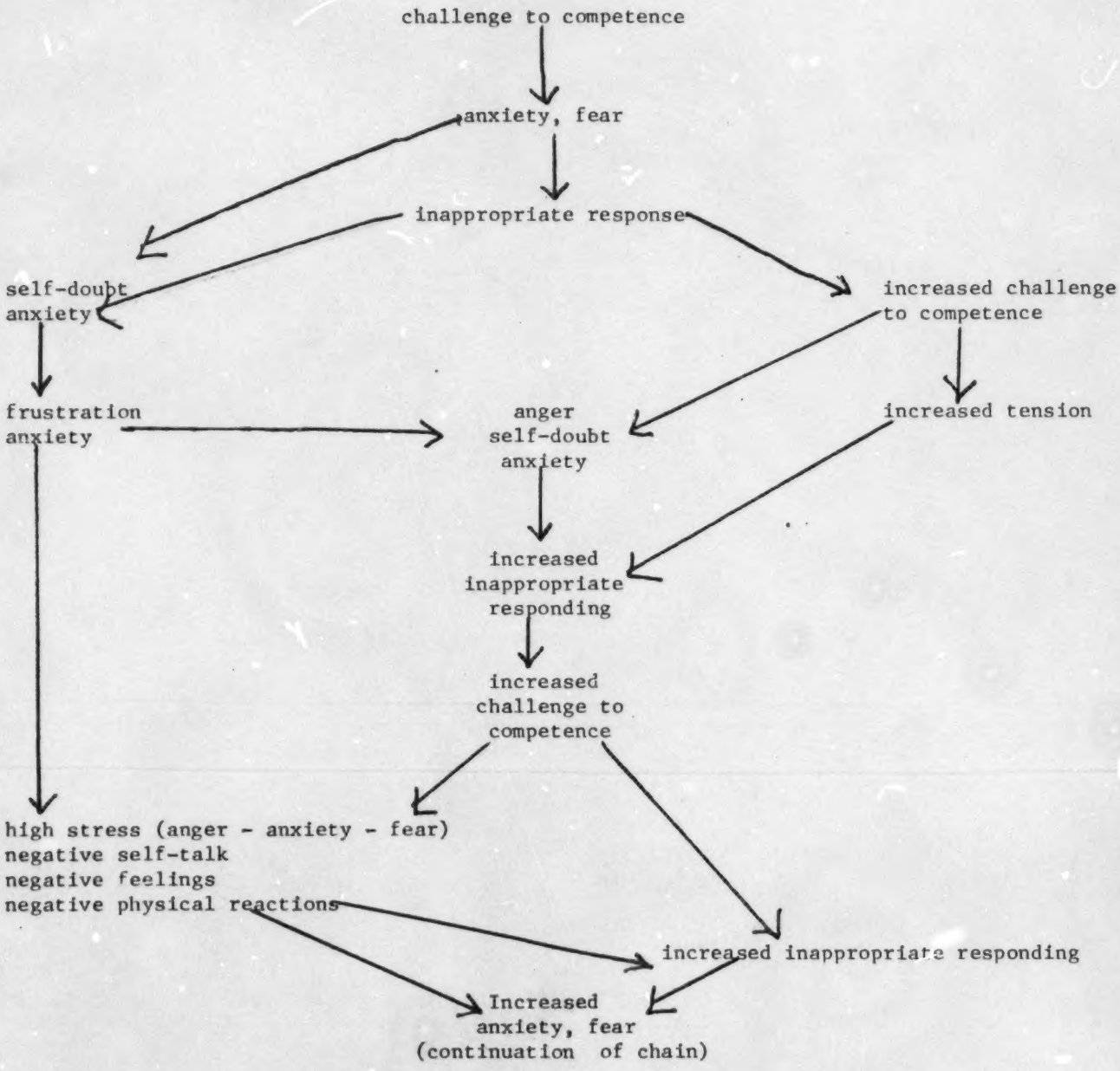
   A. Increased need for outpatient services from DMHDD
   B. Increased need for residential services

1. Modified from Peterson 1981 (Note 1).

Figure 2

Inappropriate Response Pattern[1]

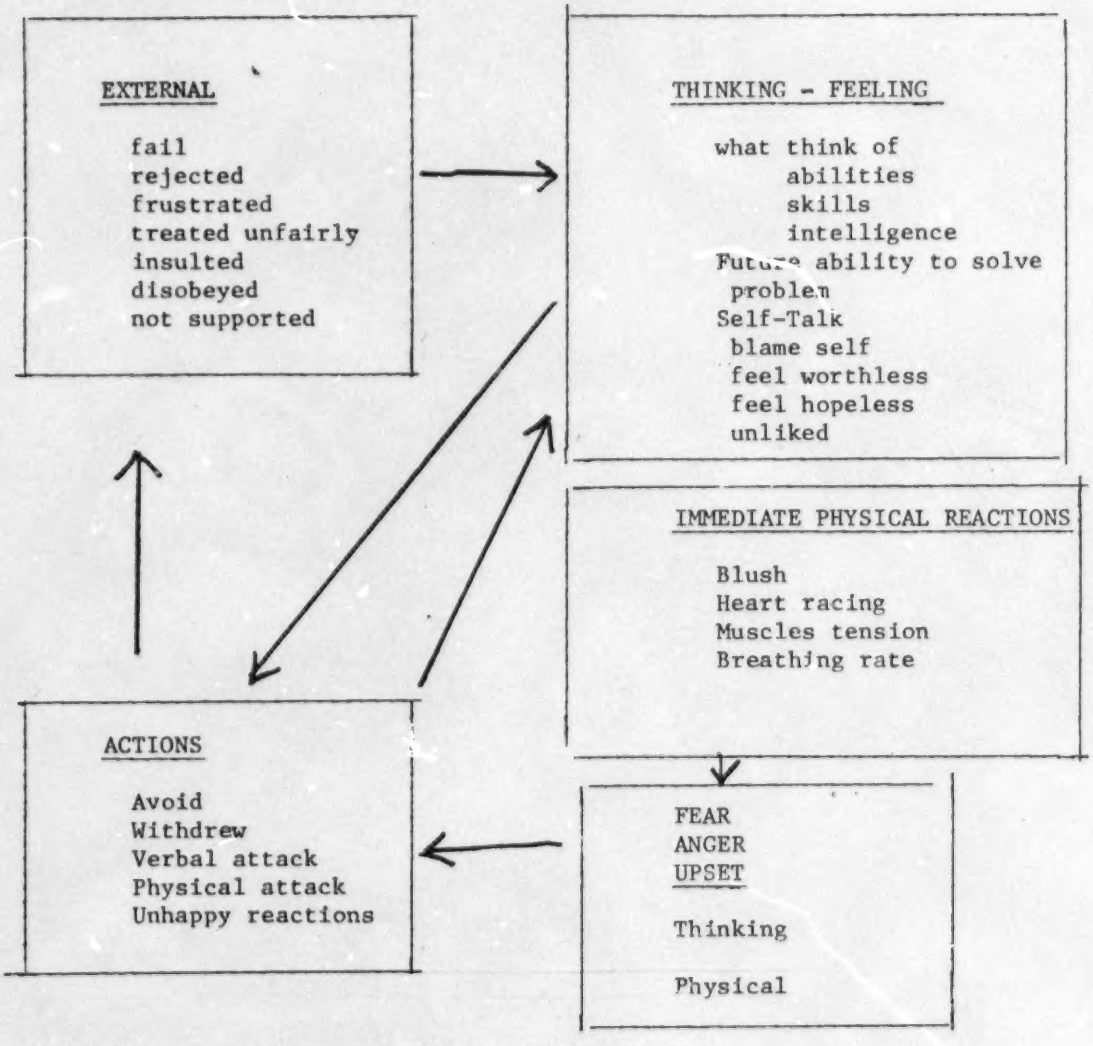
Example 2



1. Modified Peterson 1981 (Note 1).

Figure 1

Circular Events-Stress Chain



[1]Modified from Peterson 1981 (Note 1) which was originally an adopted and modified version of Novaco's Determinants of Anger Arousal (Navaco, 1978).

Table 3[1]

Follow-Up Questionnaire

For

Stress Management Program

I S D D

1981

Name of Participant _____

Date _____

Self Filled Out ____ or ____
Yes No

If no, name of interviewer _____

1. During the past two weeks, I have practiced relaxation

0	1	4	1	1	1
Not At All	1 - 3 Times	4 - 7 Times	8 - 10 Times	11 - 14 Times	15 or More Times

2. When I tried relaxation to reduce stress, it

		4	4
didn't help	helped a little	helped some	helped a lot
A	B	C	D

3. I plan to practice relaxation in the future

8	
Yes	No

4. I plan to try relaxation when under stress in the future

8	
Yes	No

Table 3 (Cont.)

5. Are there special problems or situations where you have or are trying relaxation, for example, anger, headaches, self-control with child, sleeping?

(From Question 2 Above)

1. Anger (C) How effective is it? - A B C (D)
2. self-control (D) (C) (D)
3. Tired (C) Child (C)
4. Child (D) Husband (D) Bills (D)
5. Sleeping (C) (C) After Work (D)

6. I have thought about my self-talk, self-labeling - how I think and feel when upset or tense or in a conflict situation

2	1	2	1	2	
Not At All	1 - 3 Times	4 - 7 Times	8 - 10 Times	11 - 14 Times	15 or More Times

7. Does awareness of self-talk (what you think and feel) help you recognize or identify stress?

8	
Yes	No

8. Overall, did the group reduce stress and tension in your life?

0	1	2	5
No	A Little	Some	A Lot

9. Do you feel you can control yourself and deal with difficult situations any better than before?

0	1	3	4
No	Yes A Little	Yes Some	Yes A Lot

10. Would you recommend the group to others?

8	
Yes	No

11. Comments: (Use back of this sheet if necessary)

From Peterson 1981 (Note 1).

Table 4

Follow-Up Questionnaire

For

Stress Management Program

I S D D

May - June 1982 (8 sessions)

Name of Participant 10 of 12 participants responded as of August 12, 1982

Date _____

Self Filled Out 3 Yes or 7 No

If no, name of interviewer _____

1. Did you attend all or part of a previous stress group at IIDD. 3 Yes or 7 No

2. During the past two weeks, I have practiced relaxation

2	4	2	2		
Not At All	1 - 3 Times	4 - 7 Times	8 - 10 Times	11 - 14 Times	15 or More Time

3. When I tried relaxation to reduce stress, it

	2	4	4
didn't help	helped a little	helped some	helped a lot
A	B	C	D

4. I plan to practice relaxation in the future

10 Yes 0 No

5. I plan to try relaxation when under stress in the future

10 Yes 0 No

6. Are there special problems or situations where you have or are trying relaxation, for example, anger, headaches, self-control with child,

Examples (From Question 2 Above)

1. relax - C How effective is it? - A B C D
2. child - D
3. husband - D
4. anger - B,B
5. self Control - C
6. Housework - D

7. Are there any general changes in your life you feel are the result of the group, for example, enjoy child more, more active etc?

Examples: more relaxed, enjoy children more, more interest in activities, less pushed, less eating, more assertive, appreciate what have, not so upset, more active, more accomplished, more time with children

8. I have thought about my self-talk, self-labeling - how I think and feel when upset or tense or in a conflict situation

The group members had difficulty answering this question and question 9.

Not At All	1 - 3 Times	4 - 7 Times	8 - 10 Times	11 - 14 Times	15 or More Times

9. Does awareness of self-talk (what you think and feel) help you recognize or identify stress?

Yes No

10. Overall, did the group reduce stress and tension in your life?

10
Yes No

11. Do you feel you can control yourself and deal with difficult situations any better than before?

No	3 Yes A Little	4 Yes Some	3 Yes A Lot

12. Would you recommend the group to others?

10
Yes No

13. Would you like to attend more sessions of this type in the future?

10 Yes ____ No

14. Did you attend mostly morning or evening groups? 5 and 5*
* each group had a different therapist.

15. Approximate total number of sessions attended? 7,7,6,8,5,5,8,3,8,4

16. If you stopped coming to the group, what were the reasons?

_____

_____

_____

17. Comments:

Helped with problems
Like relaxation procedure, Doctor said more relaxed

Really helped

Talking to others, sharing problems and relaxing helped me and others.

References Notes

Note 1: Peterson, R.A. Stress management with parents of the Developmentally Disabled: A case study. Presented at Pre-AABT Conference on Social Learning and The Family. Toronta, Canada, Novemeber 12, 1981.

Note 2: Surwit, R.S. Progressive relaxation (a tape). Duke University Medical Center, Behavioral Physiology Laboratory, 197[illegible] (available from Richard Surwit).

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